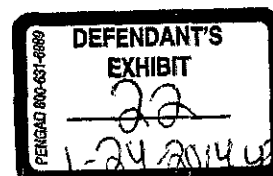




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FIT FOR DUTY EXAMINATION

Mr. James P. Gunner
1210 East Bogart Rd.
Sandusky, OH 44870-6411

PATIENT NAME: Carol A. Smith

DATE OF EXAMINATION: 08/07/08

DATE OF BIRTH: 08/15/38

SOCIAL SECURITY NUMBER: 276-32-0905

EMPLOYER: Perkins School System

JOB FUNCTION: Teacher

Dear Mr. Gunner:

Subjective: I appreciate the opportunity to evaluate Carol Smith for you. I have been asked to perform a Fit For Duty Examination on Ms. Smith regarding the issue of observation of sleeping during class time.

As you know, Ms. Smith is a Teacher within the Perkins School System and she has been a teacher in the system for over 30 years. According to the letter I received from you dated July 28, 2009, Ms. Smith was reportedly observed on "at least six different occasions asleep" while being responsible for students, observing other classroom teachers and attending professional development training. According to Ms. Smith, she completely denied being asleep at any of these occasions and according to her report today, she was shielding her eyes from glaring lights due to problems that she has had for several years secondary to an eye infection as well as due to problems that she has had with maintaining her sugars.



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According to your letter, Ms. Smith was given the opportunity for accommodation due to her diabetic condition and was advised that she could be placed on medical leave until her blood sugars could be brought under better control. You indicated that she had not taken advantage of offered accommodations nor had she brought attention to her diabetes as being a continuing problem, after the accommodations were offered. Also from your letter, you noted that many of the episodes occurred after the lunch break with Ms. Smith being observed asleep by students, other colleagues as well as district administrators. In addition, you noted that Ms. Smith did not take advantage of walking about the classroom as she was instructing the students. Apparently she indicated that she would tire easily.

According to Ms. Smith, she became concerned about her obesity, her weight somewhere in the vicinity of 300 pounds, and its effect on her diabetes. She stated that she had been diabetic for at least 10 years. She went to her family physician, Dr. Vaschek, approximately three years ago and he spoke to her about weight loss. She stated that Dr. Vaschek pointed her to a program at the Cleveland Clinic and she began a multidisciplinary program that assisted her in beginning a proper diet and exercise, in addition to introducing her to a surgeon that was going to perform a surgical procedure to help her lose weight. She stated that she had to lose up to one-third of her "excess weight" before the surgeon, Dr. Schauer, would perform the surgery. She ultimately underwent the surgery on 1/15/09 after coming down to 270 pounds.

According to Ms. Smith, prior to beginning this multidisciplinary program, she was using "upwards of 150 units of insulin" per day. She also noted that when her sugars "got high" she would get a tremendous headache and she would have to take insulin on a sliding scale in order to relieve the problem. Approximately five to seven years ago, she was actually hospitalized after a near diabetic ketoacidotic episode simply by sitting on a beach in the sun.

Following the surgery, Ms. Smith began to notice additional rapid weight loss. Dr. Vaschek continually monitored her glucoses and, also being an endocrinologist, was able to regulate her insulin intake. He was seeing her approximately every two to three weeks, regularly cutting down the amount of insulin that she would use. Ms. Smith stated that she began to have increasing amounts of energy and she was also sleeping much better. Of note, approximately seven to eight years ago, while at her peak of weight and having problems maintaining her sugars, she was diagnosed with sleep apnea. She stated that she underwent a sleep study and was placed on BIPAP to help with the sleep apnea. Once she started the diet at Cleveland Clinic, she stated that she was able to discontinue use of the BIPAP.

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Carol A. Smith

Ms. Smith stated that her exercise tolerance has increased fairly substantially and this is corroborated by her husband who attended today's visit with her. She states that the shortness of breath that she previously succumbed to during regular walking has also decreased substantially. She and her husband now walk on a daily basis and she has firmly established a good diet program. She stated that she also hopes to establish a more intense physical exercise program based on her continued weight loss and what is appropriate for her age.

Ms. Smith's reported surgeries included a UVPPP for the sleep apnea over 10 years ago. She has also undergone a laparoscopy and a left rotator cuff repair. Her surgery, in January 2009, was a gastrectomy to help reduce food intake/processing. She stated that she has lost around 80 pounds since the surgery. She was very pleased to also state that her last hemoglobin A1C was at a level of 5.7 where all previous levels were somewhere in the 8 to 9 range. A finger-stick glucose was performed today and, due to her fasting, was normal at a level of 98.

Physical Examination: Today's examination included vitals that showed a blood pressure of 110/68, a pulse of 74 and respirations of 20. She is 5' 1" tall and she weighs 227 ½ lbs. Head, eyes, ears, nose and throat examination showed no gross vascular changes in the retina. She was PERRL and EOMI. The oral mucosa was moist. Tympanic membranes were pearly gray. Cervical range of motion was full in all axis with mild amount of loss on left sided rotation which reports due to a large lipomatous mass that was discovered on her neck several years ago. This was fully palpable and nontender. She had no palpable thyromegaly and there was no lymphadenopathy otherwise. Chest examination revealed clear lungs bilaterally with no evidence of wheeze, rhonchi or rales. Heart exam noted a regular rate and rhythm with a normal S1, S2 and no audible murmurs, rubs or gallops. Reflexes in all four extremities are symmetrically intact to 2/4. She had good sensation in the upper extremities with no diminished sensation to the fingertips. She had slight diminished sensation at the toes but otherwise normal in the legs. She also demonstrated good strength in all four extremities to confrontation.

Ms. Smith would not allow access to personal medical records and therefore today's evaluation was based totally on her history and the clinical examination.

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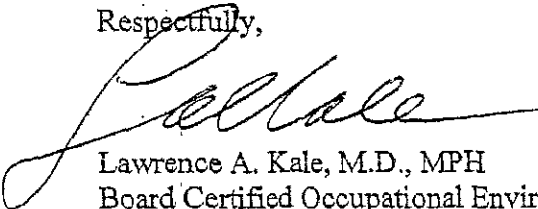
Carol A. Smith

Your main question is whether Ms. Smith's medical conditions preclude her from continuing to teach at this time. As stated, I have received no other information besides the letter that you have provided. Unfortunately she would not complete a request for additional information from her PCP or other providers. There are no affidavits from other individuals identifying these witnessed episodes where she has fallen asleep during class since establishing the Cleveland Clinic program, having her surgery and losing her weight. Ms. Smith has made alterations in her life to reduce her weight that has led to improved control of her sugar, increased exercise tolerance and reportedly diminished fatigue. By her report, her family physician does not feel that additional testing is warranted since she completely stopped using BIPAP following the surgery. Given all the positive changes in her status, it is my medical opinion that her medical conditions do not absolutely preclude her from continuing to teach at this time. There is not sufficient evidence to show that she has a current propensity to fall asleep while supervising and instructing students and therefore I cannot appropriately recommend removal from her work activities.

If further information should become available that corroborates evidence contrary to that discussed here, I would readily review that information and be prepared to provide a supplemental report based on any new information received although that information may or may not change the opinions rendered here today.

Thank you for allowing me the opportunity to assist in this evaluation. If you have any further questions feel free to contact me directly.

Respectfully,



Lawrence A. Kale, M.D., MPH
Board Certified Occupational Environmental Medicine
Occupational Health Services